



# **EQUALITY, DIVERSITY AND INCLUSION (EDI) WORKING GROUP REPORT FOR COUNCIL**

## 1. BACKGROUND

The Governance Review of 2020/21 outlined a number of recommended changes to the way the Society works. Within the wide range of recommendations were a number that related specifically to equality, diversity and inclusion, an important theme of the Governance Review, that it was felt needed further discussion and debate. To this end Council agreed to the setting up of a limited working group that would address these points and come back to Council with a list of specific recommendations to address the points made. For the original remit see Appendix i.

Dr Channa Jayasena, an ex-officio member of Council, agreed to Chair this working group and in the summer of 2022 a call went out to the whole membership inviting members to apply to sit on this group. The response was very positive and from the 18 applications received, 12 members, who represented a broad spectrum of the membership both in terms of location and job role, were asked to join the group.

The full list of members was:

**Chair: Dr Channa Jayasena** Clinical Academic  
*Imperial College, London*

**Miss Leanne Delbene** Nurse  
*Musgrove Park Hospital, Taunton*

**Dr Taha Elajnaf** Early Career Scientist  
*University of Oxford*

**Dr Anneke Graf** Early Career Clinician in Practice  
*Princess Alexandra Hospital, Harlow*

**Dr Kagabo Hirwa** Early Career Clinician in Practice  
*University Hospital Plymouth, Plymouth*

**Dr Nauman Jadoon** Early Career Clinician in Practice  
*University Hospital Crosshouse, Kilmarnock*

**Dr Mamta Joshi** Clinician in Practice  
*St Helier's Hospital, Sutton*

**Dr Li Kang** Scientist  
*University of Dundee, Dundee*

**Dr Ashutosh Kapoor** Clinician in Practice  
*Northwick Park Hospital, London*

**Dr George Lam** Early Career Clinician in Practice  
*Frimley Park Hospital, Frimley*

**Dr Sath Nag** Clinician in Practice  
*South Tees Hospitals NHS Foundation Trust, Middlesbrough*

**Dr Cristina Perez Ternero** Early Career Scientist  
*Queen Mary University of London, London*

**Dr Kiserah Philip** Student Clinical Academic  
*William Harvey Research Institute, London*

Following a meeting of the whole group, two work streams were agreed: increasing participation and overcoming barriers to membership. The group then came back together in February 2023 to review the recommendations and agree some detailed points around EDI and the Society.

Council are now being asked to review the recommendations outlined in this document and decide on whether to implement them. How they are implemented will then be passed back to the Society Engagement team in the Office.





## 2. RECOMMENDATIONS

These are aligned to the main themes in the remit which are:

- Increasing participation
- Overcoming barriers to membership
- Embedding a culture of EDI (relating specifically to EDI questions from the 2020/1 Governance Review)

This report focuses on the recommendations that require Council approval. However the wider range of recommendations are included as appendices iii, iv and v. These include a number of membership recommendations which will be folded into an office-led project reviewing the Society membership product, as well as a number that were out of scope of this project but are worth recording for further investigation in the future.

### 2.1 Increasing participation

Following analysis of the Society's membership, governance and recipients of prizes and awards, a number of underrepresented groups were identified. These included those working in District General Hospitals (DGH), underrepresented centres as well as those members located in some regional parts of the UK. For details of this analysis please see Appendix ii.

#### 2.1.1 Involvement in the Society's governance

There is a perception that eligibility for serving on a committee is only for a certain type of member and that they are inaccessible to those in more regional centres or DGHs as meetings are generally held in London. The working group recommends:

- The Society should actively recruit members from under-represented groups (see appendix ii). Any positive discrimination will need to be monitored carefully and be tailored to each committee and adjusted regularly to reflect changes in committee make up as members demit.
- The Society should consider the location of face to face meetings and whether some can be held outside of London.
- Whilst hybrid meetings are not always practical in terms of the equity of participation, the Society should review how it could ensure that those members with less time, can still take part in committees, whether that be through a set mix of online and in person meetings or through other means.
- Members may be discouraged from applying to join committees, because they do not understand what is involved. The working group strongly recommends that there should be the ability to shadow a committee meeting to allow members to see what skills are required.

- Places should be reserved on Council for underrepresented categories of members to ensure there is balanced debate from across the Society membership. This would be reviewed on an annual basis ahead of Council applications and elections.
- The Society should rotate the category of membership for the role of President from Clinical Academic, to Clinician-in-Practice, to Scientist to ensure there is regular representation from across the Society. It was noted that The Endocrine Society follows this model.
- Although Committee Chairs are now voted for by the wider membership, the current process of voting in new committee members by the existing committee is seen as potentially self-fulfilling, even with the recent switch from nominations to applications. More thought needs to be given to how this could be made more transparent and fair to all applicants. Another Society body should be factored in to the decision making, e.g. Nominations Committee.

#### 2.1.2 Prizes and Awards

Prizes and Awards are a very important and prestigious part of the Society's work. There is a view that they are not inclusive, and are only relevant for certain types of members. As a result the perception is that it is difficult, if you are outside of those groups, to become recognised for your work by the Society in front of your peers. The working group recommends:

- Consideration should be given as to whether Medals should be separated from Sfe BES Plenaries so that the ability to communicate well is not a concern when these prestigious awards are decided by Nominations Committee.
- The Society should switch to applications rather than nominations for all prizes and awards.





- The Society should review the current range of Medals as there appears to be certain imbalances in the characteristics of awardees including location, type of organisation and gender. The working group made some suggestions for the Nominations Committee to consider awarding prizes that recognise:
  - Clinical or management practice
  - International – emerging opportunities for membership such as Nigeria
  - Devolved nations
  - Those working in DGHs
- There needs to be greater transparency about the criteria for recognising excellence. Additionally, there should be a formal feedback mechanism, with constructive and useful feedback given to all unsuccessful awardees if they are to feel confident to make future applications.
  - Work needs to be undertaken to encourage Clinicians in Practice to apply as those awarded are mainly Clinical Academics.
  - The Society should re-consider the criteria regarding the number of years post-graduation.
- To improve inclusivity the scheme should be widened out to include endocrine nurses and other roles as they all have leadership requirements in their roles and would benefit significantly from the opportunities the scheme provides.
- The Society should increase its marketing and promotion of the scheme to encourage members from outside the main centres to apply.
- Feedback should always be provided to those who are unsuccessful to allow them to decide whether to re-apply at a later date.

### 2.1.3 Leadership and Development Award Scheme specific recommendations

- If we want to be able to support members from DGHs to apply then we need to look at the eligibility for the scheme, with consideration of:
  - Having two different sets of criteria, essential and desirable – to allow for more flexibility, or by having an alternative checklist that would allow these members to accrue points that would make them eligible for the Award.
  - The current criteria asks for three publications, which is a significant barrier for many members. The Society should consider relaxing the rules as this will encourage a wider range of members with different experience to apply.

### 2.1.4 Grants

There is a perception that successful grant applications are focused on the main centres where there may be senior members who can help guide more junior members to apply. To overcome this perception and encourage those in DGH and underrepresented centres to apply, the Society should:

- Run a webinar that provides guidance on what a successful grant application looks like and how to apply.

## 2.2 Overcoming barriers to membership

Whilst the membership of the Society is open to everyone, *working in endocrinology* analysis has shown that there are gaps in the representation of the speciality across the UK, especially when you look at locations outside of the main centres.

To open up membership to other audiences who may benefit from our support, the Society could look to provide more flexible options that better fit with differing careers or locations. The working group recommends:

- The proposer requirement of the membership application should be removed. Although the current process for joining was seen to be clear and unproblematic, the proposer requirement can be a significant barrier for recruiting members from outside the main centres as they will not know a current member and as a result deem the Society ‘not for them’. It also perpetuates the idea that involvement in the Society is dependent on who you know. By removing this requirement, we will also be able to expand our reach of members nationally and in DGHs and become fully inclusive as an organisation. The benefits of removing the proposer requirement are considered greatly positive and far outweigh any risks.
  - A re-connect grant should be introduced, which would be valuable to any member who has taken time out for caring responsibilities and could encourage them to stay in endocrinology and remain a member.
  - The Society should introduce international fees, including for low income countries, akin to the Endocrine Society and ESE.

### 2.3 Embedding an EDI culture within the Society

With the Governance Review there were a number of recommendations that were made that Council deferred to the EDI Working Group. The working group has discussed them further and would like to recommend the following as a result of this piece of work:

- Instead of an EDI Champion there should be a member of Council who has oversight of the Society's EDI performance. Having a Council champion with responsibility was felt by the group to be very important; to demonstrate that the Society values EDI at a senior level.
- To be able to measure the impact of progress in this area we need to measure our current position to act as a benchmark before regular reporting is established. This should be visible to the wider membership as part of this work.
- Visibility of the EDI ethos of the Society is vital to help promote membership and showcase that the Society is open to all and it's great to join.
- The Society should set up a series of Inclusivity Talks where members could share best practice by region of the UK (Imperial are doing this). Not only would this demonstrate the Society's EDI values but it would help to raise its awareness with the membership.
- Given the importance of raising awareness of the EDI work amongst the membership and wider community, the working group felt strongly that there should be some form of visual representation within the Society's communications or activities. The group suggested a physical product like the NHS EDI badge as an example. This will require further discussion.

### 2.4 Data and reporting

To demonstrate the current representation across the Society, and improvements that are made as a result of the recommendations in this report, there needs to be greater transparency around all aspects of the Society's activities which are available to the wider membership. Additionally there should be specific EDI focused reporting to Council and the membership through reports that would be available on the Society's website:

- The Society should measure the impact of all changes as a result of these recommendations with a report into Council on an annual basis.
- A specific report on who grants are awarded to, and which types of members have been successful should be published annually. Not only will this demonstrate the wide range of members who benefit from the grants programme, it will encourage groups who may think that the Society grants are not for them, to apply. The reporting criteria will need to be agreed.
- The group recommend that the Society collects all the protected characteristics from across the membership, as defined by the UK GDPR Act. Currently we capture date of birth and gender only, which help to identify members. All the other protected characteristics would be optional and would be held separately and anonymously on any system. This will enable the Society to identify if there are other underrepresented groups that we are not currently aware of, because we do not have sight of the information. New members should also be asked to provide them, although it would not be mandatory. These characteristics are:
  - Age
  - Disability
  - Gender re-assignment
  - Marriage & civil partnership
  - Pregnancy & maternity
  - Race
  - Religion or belief
  - Sex
  - Sexual orientation





### 3. GUIDING PRINCIPALS FOR THE SOCIETY

These guiding principles will form the basis for the Society's EDI policy, and act as a framework for all activities:

- The Society must demonstrate that every person professionally interested in endocrinology is welcome as an equal and adopt a clear set of values that include equality, diversity and inclusion.
- All members must have equal opportunities to hold a position within the Society's structure, including governance, regardless of their location in the UK, career stage or protected characteristic. Where specific knowledge or experience is needed to fulfil a role this will be clearly communicated through a detailed job description.
- The Society will aim to have equitable representation from across the membership within its Council, as far as is practical.
- All governance vacancies and opportunities to be involved in Society activities will be advertised openly to the whole membership and selection will be based on having the necessary skills, experience and motivation for the role, as set out in the formal Job Description.
- If any member who is involved in a Committee or other Society activities takes a career break for any reason the Society will endeavour, where possible, to ensure that they are still able to take full advantage of the opportunity.
- All efforts will be made to ensure that the overall provision of support in the form of grants, prizes and awards benefits the membership equally. Selection of members for support will be made through a fair and equitable process, with clear criteria for success.



## Appendix i

### EQUALITY, DIVERSITY AND INCLUSION (EDI) / SOCIETY CULTURE AND IMPACT WORKING GROUP REMIT

#### Purpose of the group

To ensure a culture of open and fair opportunity throughout the Society that makes sure all members feel that they belong, are represented in its activities and benefit from its work, regardless of their location and / or experience. By doing this the Society will best meet its objectives as a charity and maximise its impact. The group will do this by identifying how Equality Diversity and Inclusion (EDI) practices can be better embedded throughout the Society's membership, governance and activities.

#### Aims

- Identify a set of principles and/or values by which the Society should operate
- Advise on the necessary data and processes to ensure fair opportunity to all
- Identify long terms mechanisms to evaluate progress, and ensure EDI is championed at all levels

#### Composition

- **Chair:** a member of Council  
Channa Jayasena
- **Members:** up to 12 members of the Society recruited via an open call to the Society's membership. The composition of this group will be balanced in terms of geographical location, gender and professional expertise. Included within this group should be representatives of all four nations, plus at least two members who work in DGH locations. All members of this group should be current Society members.

#### External advisors

Additional expertise may be sought from other professionals as required.

#### Duration of service

**Chair and members:** For the duration of the working group, which is expected to finish by the end of 2022.

#### Reporting

The Working Group will report its recommendations to Council

#### Remit

The group should address, but not be limited to, the following areas:

- Recommend measures to increase participation of underrepresented groups in Society activities including but not limited to:
  - Prizes and Awards;
  - Committee membership;
  - Schemes such as the Leadership and Development Award Scheme; and
  - Speaking and chairing sessions at Society events.

- Reviewing membership pricing and processes to determine if these may be barriers to joining the Society
- Investigating what, if any, 'protected characteristics' data the Society should collect and how this information should be used.
- Whether the Society should introduce EDI 'champions' and how they would contribute
- The implementation of equality impact assessments (EIAs) on all of SfE policies and processes and committees

#### Expected outputs

A final report summarising findings and recommendations to be delivered to Council by late 2022/early 2023.

#### Outcomes

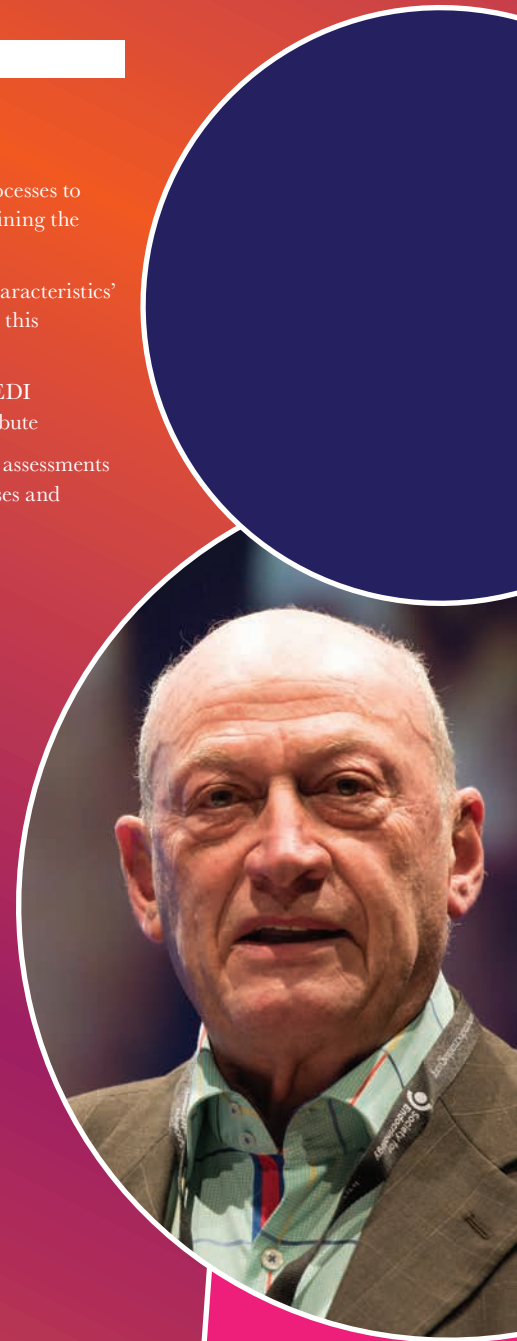
- A better understanding of how representative the Society's committees are of the general membership, and how representative our membership is of the wider clinical & research populations.
- Any underrepresented groups identified so that plans can be drawn up to encourage membership, engagement and participation with these groups.
- In particular ensure that those working in the following locations feel welcomed and at home in the Society and are encouraged to fully participate.
  - district general hospitals; and
  - the devolved regions.

#### Secretariat

Director of Membership Engagement, SfE  
Strategic Projects Manager, SfE  
Governance Manager, SfE (for information)

#### Additional notes

- The group should consult as broadly as they feel necessary, e.g. across the whole membership or with expert individuals
- All papers and minutes must be treated in strictest confidence
- All members must act in the best interest of the Society; any potential conflicts of interest should be declared





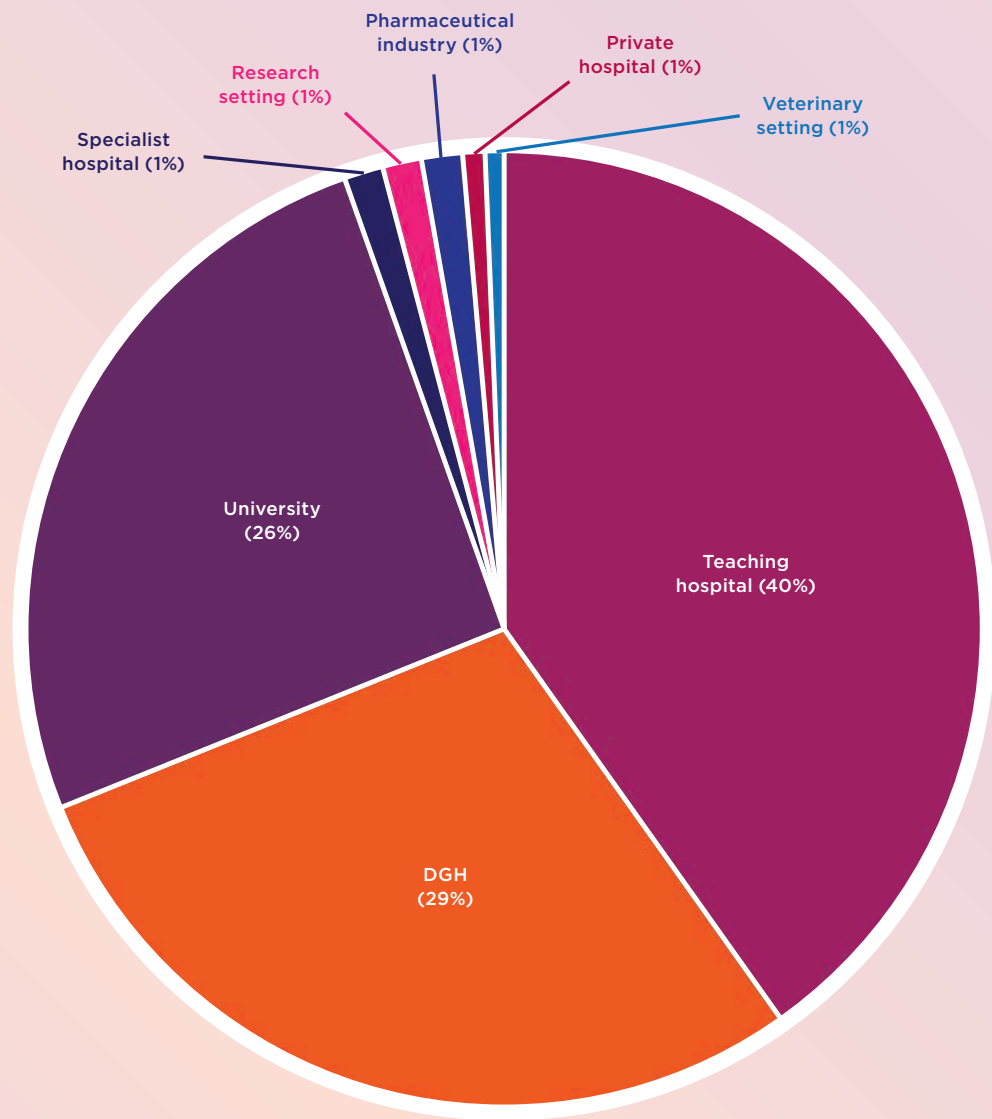
**Appendix ii**

**UNDERREPRESENTED GROUPS WITHIN THE SOCIETY**

Data analysis has revealed a number of under-represented groups within our governance and prizes and awards.

**1. Current make-up of the membership base**

**1.1 By type of institution\***



\*Where we have a member's work address



## 1.2 By regional location



## 1.3 By gender

- Overall the base is 49% female, 49% male. When we look at the membership type and career stage there are noticeable disparities:
- The percentage of female members drops as they become more senior:

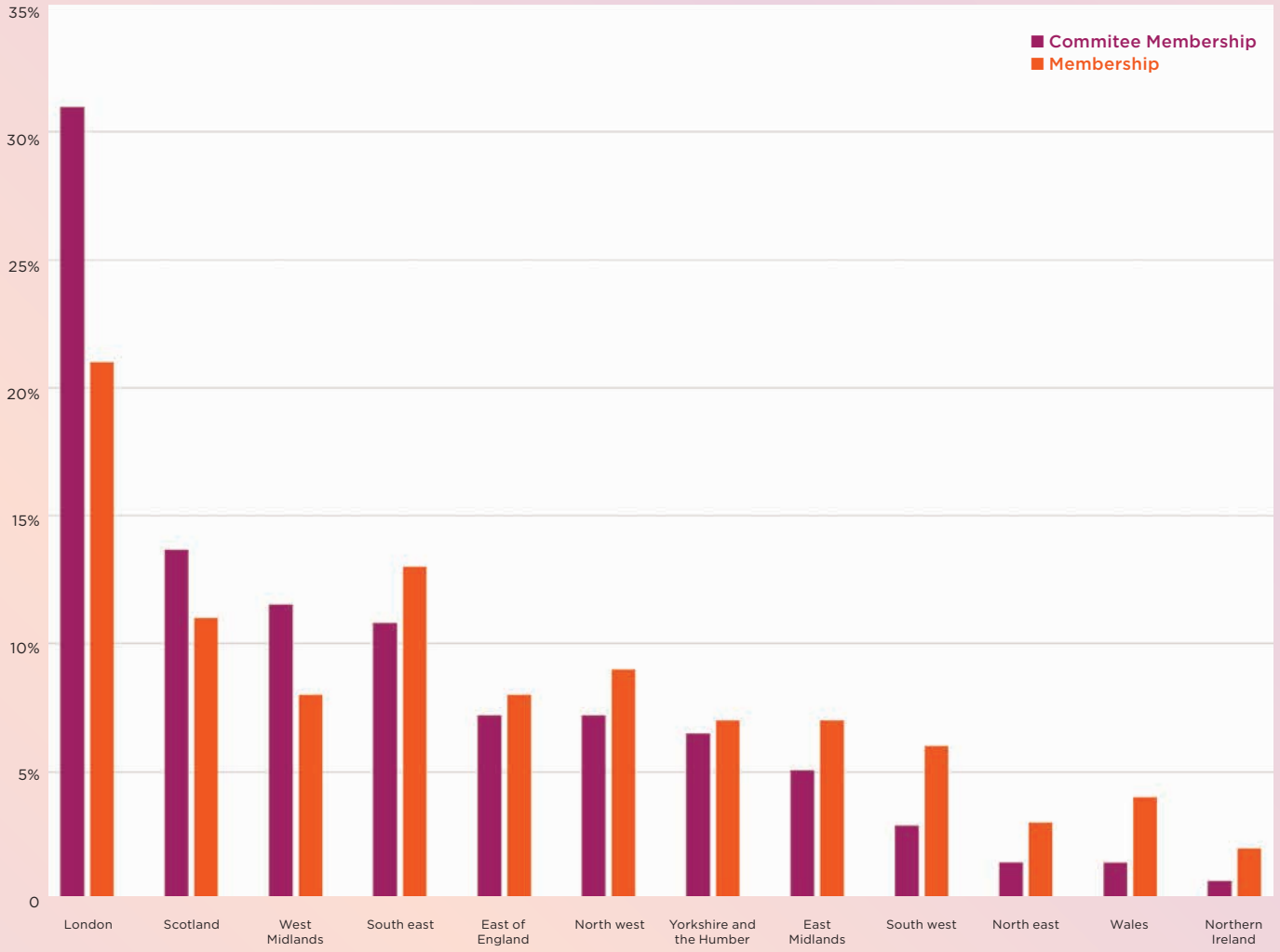
	Female (%)	Male (%)	Unknown/Undeclared (%)
Student Members – All	69	31	0
Early Career Members – All	58	40	2
Full Members – All	46	52	2
Senior Members – All	17	81	2

- And By Membership Category, Clinical Academics Are Mostly Male, And Nurses Female:

	Female (%)	Male (%)	Unknown/Undeclared (%)
Associated Professional	61	36	4
Clinical Academic	39	60	1
Clinician In Practice	46	52	2
Nurse	95	5	0
Scientist	53	46	1

## 2. Make up of governance

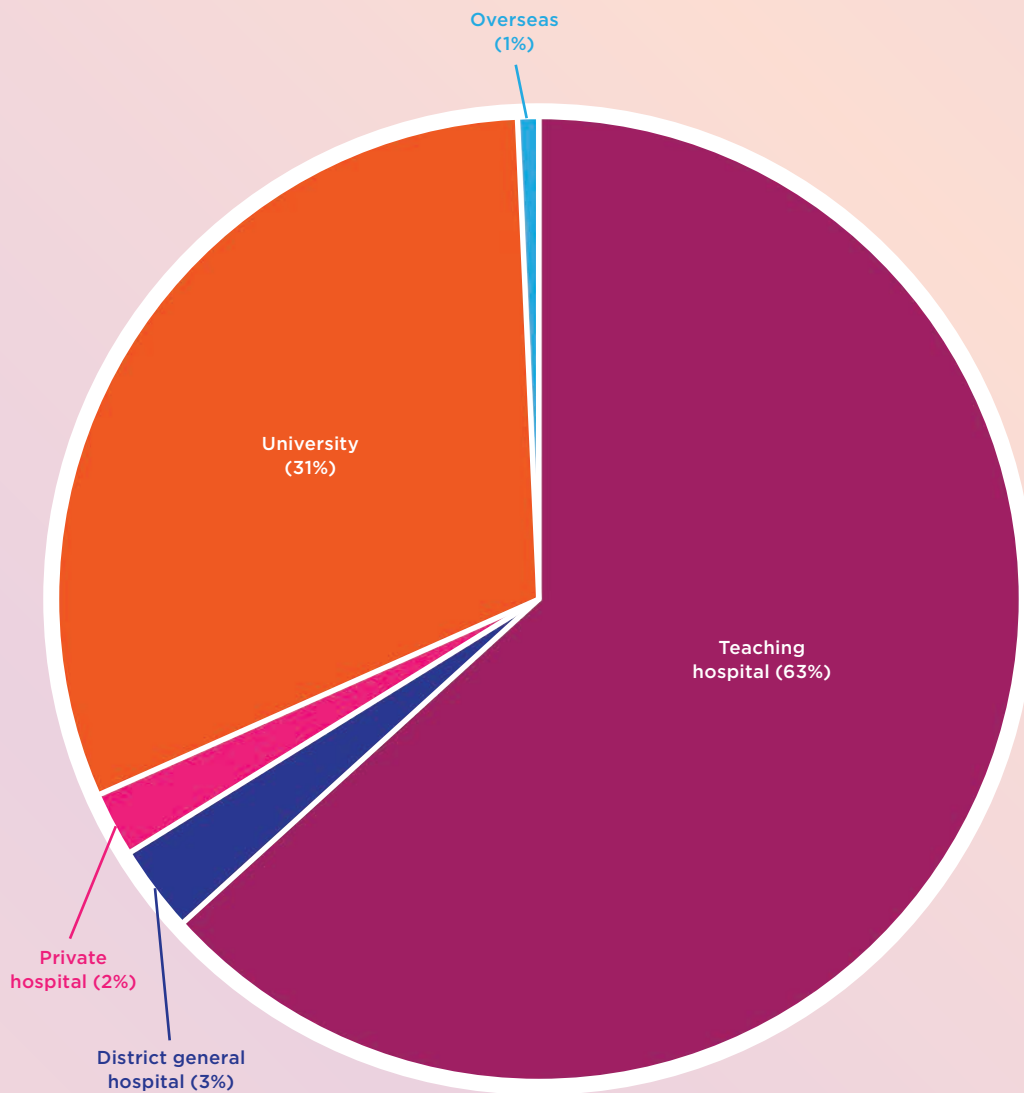
### 2.1 Location





## 2.2 Involvement in committees by type of institution

- This is heavily skewed towards members who are based in Teaching Hospitals who account for 63% of all committee positions, compared to making up 40% of the membership base\*.
- Although members who are in District General Hospitals make up 29% of the membership base, only 3% of committee positions are held by those working in DGHs.

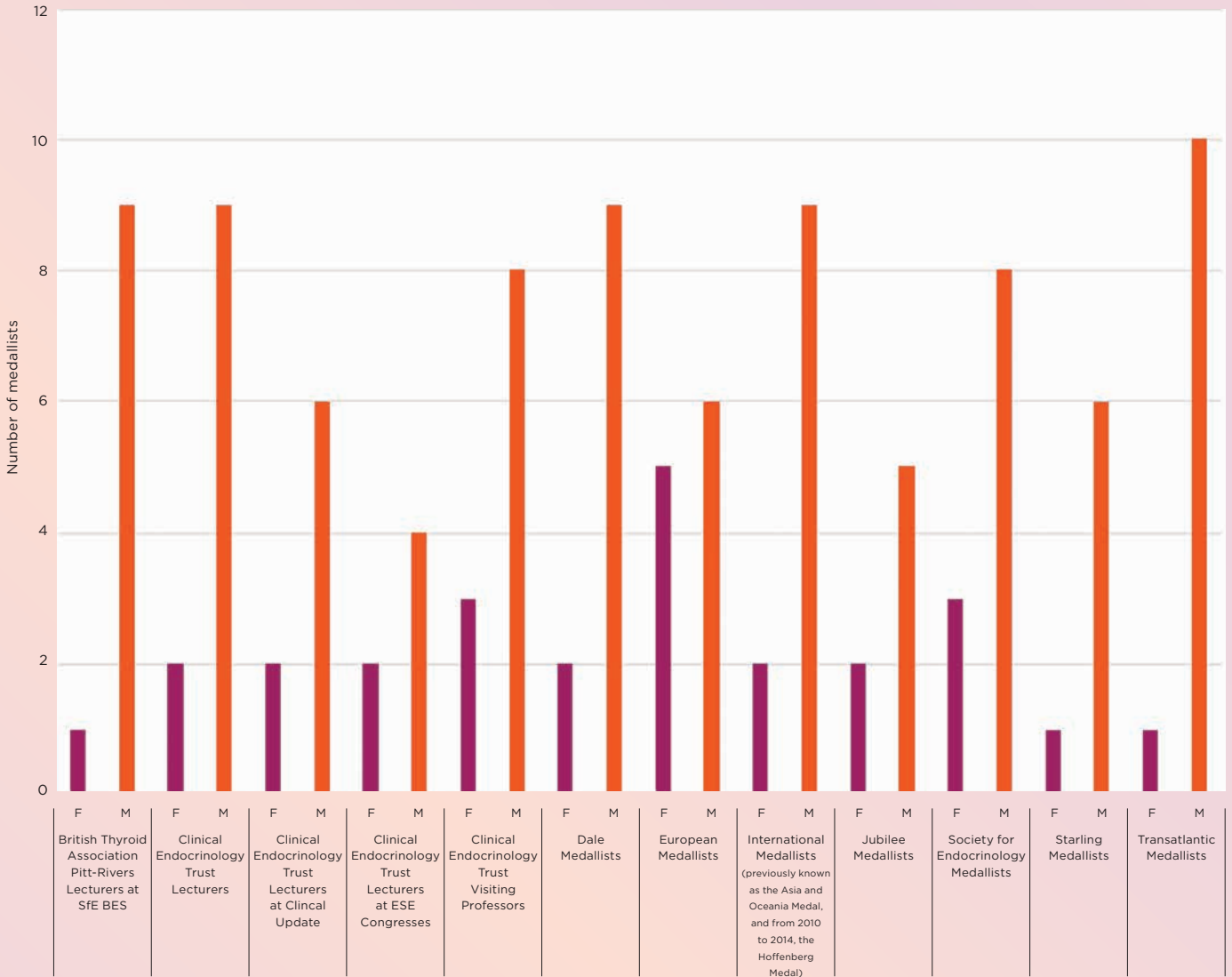


\*Where we have a member's work address

**3. Prizes and Awards**

**3.1 Gender and location of medallist since 2011**

- Despite 48% of the membership being female, overwhelmingly the gender of medallists, even in the last 10 years, has been male:





## Appendix iii

### OVERCOMING BARRIERS TO MEMBERSHIP – FURTHER RECOMMENDATIONS

- Members should be allowed to join and renew at any point in the year (roll on roll off) rather than a single renewal cycle for all members.
- There should be a monthly Direct Debit option, to help with affordability.
- Discounts for members who work part time should be considered.
- Freezing or deferring people's memberships when they are on maternity or parental leave.
- Considerations for those who may be not working for other reasons, e.g. mental or physical illness, or phased returns to work.
- Introducing a 'career break' category for those returning to endocrinology from a period away. The recommendation was to provide a year's free or discounted membership. This was seen as potentially very helpful for current or potential scientist members.
- To raise awareness of the benefits that a Society membership provides in centres with little or no presence, the Society should aim to recruit Ambassadors in every region.
- The Society should work more closely with existing Endocrine regional network groupings to help increase visibility of the Society outside London. Additionally, the Society should consider promotion with groups who may not traditionally be seen as those working in endocrinology, e.g. an increasing number of diabetes nurses are also now conducting endocrine tests because of work pressures, or midwives (*add in weight management nurses or change to from related fields*).
- Small group membership – Principle Investigator (PI)/PhD for undergraduate groups would help to bring students into the Society and raise their awareness of endocrinology as a career choice. The PI could cover the cost of the group.
- To increase the recruitment of international members, the Society would need to improve its online presence to ensure it provides enough benefits for non-UK members.

As well as recruiting new members it was agreed that retaining the expertise and experience of more senior members when they retire was also important for the health of the Society. Currently we have a Senior member category, which is free, for these professionals, but we see a number of eligible members lapsing instead:

- The Senior member category should be renamed Retired for clarity.
- To retain experienced members when they stop work we should make them aware of the retired option at an appropriate point in their careers (driven by age?)
- Opening up opportunities for Retired members to support and mentor early career professionals should be explored.

To enable these recommendations to become reality work will need to be done with regards to the amount, type and accuracy of data the Society holds on its members:

- We should ensure that we are communicating with members in their first year to let them know when they become eligible for certain benefits, e.g. grants. This will help with retention and ensure more members feel supported.
- We should be asking people to let us know whether they work full or part time as part of the information we gather on our members as this will affect how they can interact with the Society and the support/training they require. This may well change over their time as their careers progress.
- Members should be reminded to update their details and provide both home and work emails so that we can keep in touch, at renewal.





## Appendix iv

### RECOMMENDATIONS FOR INCREASING ACCESS TO SOCIETY EVENTS AND INVOLVEMENT IN COMMITTEES FOR THOSE WORKING IN DISTRICT GENERAL HOSPITAL (DGH)S AND UNDERREPRESENTED CENTRES

Barriers for some members in certain settings to attending events include funding and being able to secure the time off from work. Additionally, in underrepresented centres only a certain number of staff can be off at any one time which limits options. To help address this barrier and improve access for these members the Society should ensure that virtual attendance at Society events is always an option if possible:

- Members in DGH locations might be encouraged to attend if there were also practical sessions (e.g. thyroid needle aspiration). This is something that the Endocrine Society was cited as doing successfully.
- Society to look advertising the conference more widely including internationally to encourage the sharing of knowledge and best practice in endocrinology more widely.

#### Widening participation in events

- Provide opportunities for members, outside of the current committee structures, to suggest session topics for future events and training; the Endocrine Society does this successfully. This should be promoted at the event on the holding slides before or after talks to raise awareness as well as through other channels.
- Given that members indicate their areas of preference when they register as a member, the Society should communicate with those members when they are looking for volunteers to be session speakers or chairs.
- Confidence or lack of awareness of what is involved in chairing or speaking at events is a significant barrier for some members from DGH or underrepresented centres. To overcome this, the Society could look to offer myth busting webinars on the softer skills like “How to deliver a conference talk” or “How to write a grant application” etc. These skills are harder to come by in the work setting.

- Junior members can be discouraged from attending conference as they can feel intimidated. Could there be specific support at the Conference for those more junior members as they can feel intimidated? The Early Career Quiz is a really good event, the group recommended that the Society could more be done in the same vein.
- A specific networking event for nurses should be considered as part of Sfe BES.
- Sfe BES – The location of the Conference could be an issue as it is only in Scotland and England currently. Additionally smaller meetings like National Clinical Cases (NCC and Endocrine Academy (EA) are only in London or Birmingham. The Society should look at rotating them around different locations in England, Wales and Scotland.
- Could the Society run a conference for more junior (FY1/FY2) without any of the more senior members akin to the EPIC event in 2022 run by members, on an annual basis.

#### Committees

For those in clinical settings, having a clear calendar of meetings for the year ahead, e.g. the meetings in March and September are in person and the meetings in January and December are online, would allow members to book the appropriate time off to be able to attend. Understanding the time involved may make the difference when members are deciding on whether they have the time available to put themselves forward for a committee position.



## Appendix v

### ADDITIONAL RECOMMENDATIONS THAT ARE OUT OF SCOPE OF THIS GROUP

- The Society should look to Increase the number of affiliations with other societies, ensuring members are made aware of the opportunities these offer.
- The Society should consider offering joint memberships with other societies for trainees where there is considerable overlap, e.g. Diabetes UK.
- The Society could encourage members to get together when they are at other conferences (Diabetes UK have been known to arrange this at events external to them) and provided drinks) as a further benefit.
- Barrier to joining with perception of the specialty. Endocrinology and diabetes is rarely the first choice for trainees (this used to be the case for older person's medicine but not anymore – what have they done differently?). They see a lot of diabetes foot and that can be off putting, when actually endocrinology is interesting for young minds. Endocrinology is clinic based and they are not good at marketing themselves.
- There is so much involved in endocrinology so the more outreach we can do with these students at an early stage, the better. We should look to use social media/influencers to reach these students as well as attending student fairs etc. Could the office visit each region?
- Myth busting needs to be done, endocrinology is a very daunting specialty and takes some time to feel comfortable working in it. This is a major barrier to the specialty. There are currently a high number of unfulfilled posts in endocrinology and diabetes.
- Could the Society website have links to other external programmes, e.g. John Wass 'The Fantastical World of Hormones', as a taster to the specialty, with a prominent banner on the website "Are You Interested?"
- A bespoke area is needed for students on the website to encourage students to explore the discipline further.
- There are a number of endocrine nurses who would be interested in getting involved in research; Could the Society act as a conduit for this information and share such opportunities to members through the website/members' area?
- Could we link up with other appropriate organisations such as the Society for Acute Medicine?
- The Society should create a jobs page on the website, and poster board at SfE BES to advertise opportunities for members.
- International ambassadors would help to raise the profile of the Society. There are so many nationalities represented within the UK membership that they could help represent the Society in other countries. Regional ambassadors rather than by country? As an example, there are currently only 14 members from India. The Endocrine Society of India (ESI) is now publishing high quality research. Could the Society link up with them in a more collaborative way? Could they advertise at SfE BES and vice versa?
- The Society should consider exchange programmes with low/middle income countries.



